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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09856228
	Filing Date	July 31, 2008
	First Named Inventor	Craig L. Linden
	Title	METHOD/ APPARATUS INTERACTIVE PHYSICAL DISPLAYS
	Art Unit	3722
	Examiner Name	William, Jamie O
Attorney Docket Number		

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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Please recognize or change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Craig L. Linden		
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Country	USA	Zip	91901
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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	August 4, 2008
Name	Craig L. Linden	Telephone	see above
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one forms are submitted.

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